

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571193

FILING DATE

3-8-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
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7						
8						
9						
10						
11						
12	1		1			
13	1		1			
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17						
18	1		1			
19	1		1			
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24	1		1			
25	1		1			
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49						
50						
TOTAL IND.			4			
TOTAL DEP.			24			
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Charlotta Burt

BEST AVAILABLE COPY

C. Burt